#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>05/01/2011</u>.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or –)**
1. Automobile Liability	Volume (minois)	onange (* or –)
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	<u></u>	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$105,618,437	+1.3%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or	certain classes? If so, specify <u>No</u>	- MM- 1
Brief description of filing (if filing follows rates of an adv (Adopt 1/1/11 Advisory Rates)	risory organization, specify organizat	tion) See Filing Memorandum;

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title



MAY 0 1 2011

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2011</u>.

(1) Coverage	(2) Annual Premium	(3) Percent
1. Automobile Liability	Volume (Illinois)*	Change (+ or –)**
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<del></del>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	5,844,711	<u>+1.3%</u>
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga (Adopt 1/1/11 Advisory Rates)	nization, specify organizat	ion) See Filing Memorandum;

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title



JAN 0 1 2011

DEPART OF ILLINOIS
SPRING SPRING SPRINGS

### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	,	,
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire JAN 0 1 2011		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril  PAN  STATE OF ILLINOIS 12. ILLINOIS 13. Commercial Multi-Peril  SPRINGFIELD, ILLINOIS 14. Cree Heil		
11. Inland Marine		
12. Homeowners SEPARTMENELD, ILLINO		
13. Commercial Multi-Peril SPRING		
14. Crop Hail		
15. Workers Compensation	7,572,847	+1.3%
16. Other		
Line of Insurance		<del> </del>
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga Adopt 1/1/11 Advisory Rates	nization, specify organizat	tion) See Filing Memorandum

ACE PROPERTY & CASUALTY INSURANCE COMPANY Name of Company

Steve Kreider – WC Associate Product Manager Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	01/01/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
Class		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	644,790	+0.4%
Does filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	No
2 continuing and a plant of the contract of th		
Brief description of filing. (If filing follows rate Adopting NCCI January 1, 2011 rates	es of an advisory organization, specify org	ganization):
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which		Insurance Company
		Name of Company
	• • • • • • • • • • • • • • • • • • •	tumo or ostripuny
	Courtney Howerton -	Underwriting Operations Manager
•		Official - Title

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DEC - 6 2010

### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Official - Title

Change in Company's premium or rate level produced by rate re	evision effective 1/1/2011	·
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Lamage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass STATE OF ILLINOIS 6. Fidelity PEPARTMENT OF INSURANCE 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation	775071	1.5%
16. Other	775071	1.5%
Line of Insurance  Does filing only apply to certain territory (territories) or certain cla	asses? If so, specify No	
Brief description of filing (if filing follows rates of an advisory organiscellaneous values, effective 1/1/2011.	anization, specify organiz	zation) Adoption of NCCI advisory rates and
* Adjusted to reflect all prior rate changes.     ** Change in Company's premium level which will result from ap		tage Workers Compensation Insurance Company
	<del></del>	Name of Company
	Tina Kn	ight, CPCU

### **SUMMARY SHEET**

(	Change in Company's premium or ra	te level produced by rate revision effective	March 1, 2011
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	Address Address Address	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Comp	\$516,815	+0.4%
	Line of Insurance		
D 4	51i	erritories) or certain classes? If so, specify:	
na na	ning only apply to certain territory (t	erntones) or certain classes? If so, specify.	
<u> </u>			- W
Brief	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):
	oting NCCI's 01/11 loss costs from ci		B

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



All America Insurance Company
Name of Company

MAR 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

#### FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)*
Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety		****
7. Surety		
8. Boiler and Machinery		
9. Fire JAN <b>0 1</b> 2011		
0. Extended Coverage		
A limit of AA.		
2. Homeowners STATE OF ILLINOIS		****
3. Commercial Multi-POEPARTMENT OF THE INDIS		
2. Homeowners  3. Commercial Multi-PDEPARTMENT OF INSURANCE  3. Crop Hail  SPRINGFIELD, ILLINOIS		
5. Workers Compensation	\$206,191	0.4%
6. Other		
Line of Insurance		
oes filing only apply to certain territory (territories) or certain cla	sses? If so, specify	<del></del>
NO		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

**American Automobile Insurance Company** 

Name of Company

William S. Paukovitz Senior Vice President - Chief Compliance Officer
Official — Title

# ILLINOIS SUMMARY SHEET FORM RF-3

		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
	Automobile Liability	•	
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other than Auto		
	Burglary and Theft		
	Glass		
	Fidelity Surety Boiler and Machinery		
	Surety		
	Boiler and Machinery		
	Fire JAN 0 1 2011		
	Extended Coverage Inland Marine Homeowners  Commercial Multi-Peril  STATE OF ILLINOIS		
	Inland Marine STATE OF INSURANCE		
	Homeowners DEPARTMENT ILLINOIS	<u> </u>	
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	14,467	+0.6%
	Other		
	Line of Insurance		
es f	filing only apply to certain territory (territories) or certa	ain classes? If so, specify	
	description of filing (if filing follows rates of an advisor	•	
visc	ory Rates, without deviation, approved under NCCI C	ircular IL-2010-10 to be effective	e January 1, 2011.
Α	djusted to reflect all prior rate changes.		
C,	hange in Company's premium level which will result f	rom application of new rates.	
0	mange in company o promisin level miles and an increase.	. С	
		American Business Persona	I Insurance Mutual, Inc.
		Name of Co	
		Janice L. Hohens	tein, CPCU

## **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		1/1/2011	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> </ol>			
14. Crop Hail 15. Other 16.0 - Workers Comp Line of Insurance	\$ 112,532	+2.26%	
	(territories) or certain classes? If so, specify		
NCCI 1/1/2011 Loss Costs and Rating V	rates of an advisory organization, specify of alues with no change to existing Loss Cost	Multiplier of 1.30	
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rate	s.	
		Name of Company  Kin berly Sweeney  Compliance & Underwriting Services  Official – Title	



## **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		1/1/2011	
(1)	(2) Annual Premium	(3) Percent	
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**	
Automobile Liability Private     Passenger Commercial			
2. Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other <u>16.0 - Workers Comp</u> Line of Insurance	\$ 1,510,437.34	+4.12%	
Does filing only apply to certain territory	(territories) or certain classes? If so, specify	: All territories	
Brief description of filing. (If filing follows NCCI 1/1/2011 Loss Costs and Rating V	rates of an advisory organization, specify of alues with no change to existing Loss Cost	rganization): <u>Adoption of the</u> Multiplier of 1.90.	
*Adjusted to reflect all prior rate changes			

Name of Company
Name of Compan



JAN 0 1 2011

SYAGE OF HEM TO DEPARTMENT OF THIS BRINCE SPRINGFIELD, ILLINOIS

FILE

JAN 0 1 2011

STATE OF THE DEPARTMENT SPRING

## **SUMMARY SHEET**

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FORM (RF-3)

APR 0 1 2011

	Change in Company's pres	nium or rate level produce	ed by rate revision
	Effective April 1, 2011		STATE OF ILLINOIS
(1)		(2) Annual Premium	DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Percent
<u>Coverage</u>		Volume (Illinois)*	Change (+ or -)**
1. Auton	nobile Liability		
Pri	vate Passenger		
Co	nmercial		
	nobile Physical Damage		
	vate Passenger		
	nmercial		
	ty Other Than Auto		
4. Burgla	ary and Theft		
5. Glass			
6. Fideli	ty		
7. Surety	7		
8. Boiler	and Machinery		
9. Fire			
10. Exten	ded Coverage		
11. Inland	l Marine		
12. Home	owners		
13. Comn	nercial Multi-Peril		
14. Crop			
15. Other	Workers Compensation	\$ 9,021,949	
Does filin If so, spec	g only apply to certain territ	ory (territories) or certain	
Organiza	eription of filing. (If filing for tion, specify organization): n deviation from +33% to +20%	Adopt/Delay of NCCI Revi	sion – Circular IL-2010-10.
*Adjuste	ed to reflect all prior rate cha	nges.	
**Change	in Company's premium lev rom application of new rates	el which will	
		AMERICA	N FAMILY MUTUAL INS. CO.
		_	Name of Company
		James P.	Name of Company  Weyn

Official - Title

James P. Meyer, ACP, AIM Senior Pricing Analyst/Filings

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
	Other Workers Compensation	6,526,580	-0.3%
	Line of Insurance		
D	- filing only analyte contain territory (to	rritorios) or cortain alassas? If so specific	N/A
DOE	es filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	IVA
		tes of an advisory organization, specify orga	anization).
Adop	otion of NCCI advisory loss costs and rating value	es effective January 1, 2011	
<b></b>	instant to reflect all prior rate changes		
"Ad	justed to reflect all prior rate changes.	ch will result from application of new rates.	
C	nange in Company's premium level will	cit will result from application of new rates.	
		American Guarantee and Liat	oility Insurance Company
		Na	ame of Company
		Nancy Hoppe, SVP and Chie	f Pricing Actuary
			Official - Title



JAN 0 1 2011

DEC - 3 2010

Form (RF-3)

### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Chan	nge in Company's premium or rate	level produced by rate revision effective	January 1, 2011
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10	. Extended Coverage		
11	. Inland Marine		
12	. Homeowners		
13	. Commercial Multi-Peril		
14	. Crop Hail		
15	Other Workers' Compensation Line of Insurance	\$15,284,834	0.4%
		ory (territories) or certain classes? If so, spec	cify:
No Bri	).	ows rates of an advisory organization, specif	

- Adjusted to reflect all prior rate changes.
- Change in Company's premium level which will result from application of new rates.

American Home Assurance Company

Name of Company

**Walter Murphy** Filings Analyst

Official - Title

H29219D



### FORM RF-3

Percent Change (+ or –)*
<u> </u>
0.4%

**The American Insurance Company** 

Name of Company

William S. Paukovitz Senior Vice President – Chief Compliance Officer
Official — Title

 <sup>\*</sup> Adjusted to reflect all prior rate changes.
 \* Change in Company's premium level which will result from application of new rates.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

## **SUMMARY SHEET**

	Change in Company's premiu effective 4/1/2011	m or rate level produced	by rate revision
-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$ 17,252,518	+0.4% (estimated)
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: N/A	ain territory (territories) or	certain
	Brief description of filing. (If t	filing follows rates of an a	dvisory
	Organization, specify	Adoption of 1/1/2011 NCC	I Advisory Loss Costs with a delayed
	organization):		
	effective date of April 1, 2011, to be effe	ective for all new and renewal polici	es on and alter April 1, 2011.
	*Adjusted to reflect all prior ra  **Change in Company's pren rates.	nium level which will resul	
	LED		Insurance Company
			me of Company
			ng Services Specialist
APR	<b>0 1</b> 2011	(	Official – Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



### **SUMMARY SHEET**

JAN 0 1 2011

effective January 1, 2011	•	STATE OF ILLI STATE OF ILLI DEPARTMENT OF II SPRINGFIELD, IL
(1)	(2)	(3)
` '	Annual Premium	Percent
Coverage	<ul><li>Volume (Illinois) *</li></ul>	_ Change (+or-) ** _
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$616,904 (estimated annual)	0.4%
Life of Insurance		
Does filing only apply to certa	ain territory (territories) o	or certain
Classes? If so,	an ternery (terneries) c	n certain
specify: No.		
Brief description of filing. (If	filing follows rates of an	advisorv
Organization, specify	3	•
organization):	Adopting NCCI Advisory	Loss Costs effective 1/1/2011. Will
continue use of LCM of 1.717.		
*Adjusted to reflect all prior r	ate changes.	
**Change in Company's prer	nium level which will res	ult from application of new
rates.		
		Insurance Company, Inc.
		ame of Company
	Mike Carney, Ass	istant VP, Compliance
		Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
	omobile Liability Private		
	Passenger Commercial		
	omobile Physical Damage Private Passenger Commercial		
	ility Other Than Auto		
	glary and Theft		
5. Glas			
6. Fide	•	•	
7. Sure	•		
	er and Machinery		
9. Fire			
	ended Coverage nd Marine		
	nd Marine neowners		
	neowners nmercial Multi-Peril		
13. Con 14. Cro			
	er Workers Compensation	13,232,737	0.2%
io. Oui	Line of Insurance		
Does filir	ng only apply to certain territory (te	erritories) or certain classes? If so, specify:	N/A
		ates of an advisory organization, specify orga	anization):
Adoption o	of NCCI advisory loss costs and rating value	ies effective January 1, 2011	
* ^ ~!:	d to reflect all prior rate changes.		
**Chang	in Company's promium level wh	ich will result from application of new rates.	
Chang	e in Company's premium level wit	ich will result from application of new rates.	
		American Zurich Insurance Co	ompany
			ame of Company
		Nancy Hoppe, SVP and Chief	f Pricing Actuary
			Official - Title



JAN 0 1 2011

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



### **SUMMARY SHEET**

JAN 0 1 2011

			- 2011
	Change in Company's premiu effective January 1, 2011	ım or rate level produced	DEFARTMENT OF INSURANCE
	(1)	(2)	(3)
-	(1)	Annual Premium	Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
٠.	Passenger		
	Commercial		
2	Automobile Physical Damag		
2	Private Passenger		•
	Commercial		
3.	-		
3. 4.	Liability Other Than Auto		
<del>4</del> . 5.	Burglary and Theft Glass		
_			The state of the s
6. 7	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	952,230	4.6%
	Life of Insurance		
•	Does filing only apply to certa Classes? If so,	ain territory (territories) o	r certain
	specify: N/A		
	Brief description of filing. (If t	filing follows rates of an a	advisory
	Organization, specify organization):	AmGLIARD adopts the Advis	ory Rates as released by the National Council
	,		
	on Compensation Insurance, inc., effect 1.5%, for all policies effective on and after		or, windi reliects all overall increase of
	*Adjusted to reflect all prior ra **Change in Company's pren		ult from application of new
	rates.	AmGUARD Insura	ance Company
		A1.	

Name of Company Jolene Carey, State Filings Representative

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



## **SUMMARY SHEET**

	ve 02/01/2011		STATE OF ILLINOIS DEPARTMENT OF INSURANCE		
	(1)	(2)	SPRINGFIELD, ILLINDIS		
	( · /	Annual Premium	Percent		
	Coverage	<ul><li>Volume (Illinois) *</li></ul>	Change (+or-) **		
Auton	nobile Liability Private		-		
Passe	₹				
	nercial				
	nobile Physical Dama	an			
	e Passenger	ug			
	nercial				
	ty Other Than Auto				
	ary and Theft				
Glass	•				
Fidelit					
Surety	•				
,	and Machinery				
Fire	and Machinery				
	dad Cayaraaa				
	ded Coverage				
	Marine				
	owners				
	nercial Multi-Peril				
Crop I					
Otner	Workers' Compensation	86848	0.4%		
	Life of Insurance				
		ertain territory (territories)	or certain		
Does	filing only apply to c	citani torritory (torritorioo)			
	filing only apply to c ses? If so.	citain termory (termories)			
Class	ses? If so,				
	ses? If so,				
Class	ses? If so, fy: <u>N/A</u>	1	advisory		
Class specif Brief	ses? If so, fy:  M/A  description of filing.		advisory		
Class specif Brief of Organ	fy:  Mescription of filing.  Mization, specify	(If filing follows rates of an	advisory referenced in IL-2010-05 on 2/1/201		
Class specif Brief of Organ	ses? If so, fy:  M/A  description of filing.	(If filing follows rates of an			
Class specif Brief of Organ	fy:  Mescription of filing.  Mization, specify	(If filing follows rates of an			
Class specification organ	ses? If so, fy:  M/A  description of filing. nization, specify nization):	(If filing follows rates of an Adoption of NCCI rate i			
Brief organ	ses? If so, fy:  description of filing. nization, specify nization):  sted to reflect all price	(If filing follows rates of an Adoption of NCCI rate i	referenced in IL-2010-05 on 2/1/201		
Brief organ	description of filing. nization, specify nization):  sted to reflect all price	(If filing follows rates of an Adoption of NCCI rate of a rate changes.	referenced in IL-2010-05 on 2/1/201		
Brief organorgan  *Adjust**Chair	description of filing. nization, specify nization):  sted to reflect all price	(If filing follows rates of an Adoption of NCCI rate in Adoption of NCC	referenced in IL-2010-05 on 2/1/201		
Brief organ	description of filing. nization, specify nization):  sted to reflect all price	(If filing follows rates of an Adoption of NCCI rate report rate changes.  Or rate changes.  Oremium level which will research.	referenced in IL-2010-05 on 2/1/2013		

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		02/01/2010	
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private     Passenger Commercial			
2. Automobile Physical Damage			
Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other WC	5,690,251	+0.4	
Line of Insurance			
Does filing only apply to certain territory (terri	itories) or certain classes? If so, specify:	<u>N/A</u>	
Brief description of filing. (If filing follows ra 01/01/2011 Loss Cost	ates of an advisory organization, spec	ify organization): Adoption of NCCI's	
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which	n will result from application of new rates		
		Central Insurance Company Name of Company	
	Stefanie We	sterdahl Regulatory Analyst Official – Title	



FEB 0 1 2011

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		02/01/2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril			
14. Crop Hail 15. Other WC Line of Insurance	2,107,407	+0.4%	
Does filing only apply to certain territory (terribries of filing follows reconstructions) of filing follows reconstructions cost			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	Aronaut	t Insurance Company lame of Company	
	Stefanie Wes	terdahl Regulatory Analyst Official – Title	



FEB 0 1 2011

# ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	02/01/2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		-
6. Fidelity		
7. Surety		
O F:		
10 Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other	796,230	+0.4
Line of Insurance	***	
Does filing only apply to certain territory (territory description of filing. (If filing follows round) 1/01/2011 Loss Cost		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	h will result from application of new rates.	
	Aronaut-Midv	vest Insurance Company
		ame of Company
	Stefanie West	erdahl Regulatory Analyst
		Official – Title



#### FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
· ·	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability	, ,	• , ,
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto N		
3. Liability Other than Auto 4. Burglary and Thef		
5. Glass		
6. Fidelity		
7. Surety JAN 0 1 2011		
8. Boiler and Machinery		
9. Fire STATE OF ILLINOIS		
9. Fire STATE OF ILLINOIS 10. Extended Control OF INSURANCE 11. Inland Marine SPRINGFIELD, ILLINOIS 12. Homeowners		
11. Inland Marine SPRINGFIELD, ILLINOIS		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$73,220	0.4%
16. Other		
Line of Insurance		
oes filing only apply to certain territory (territories) or certa	in classes? If so, specify	
NO		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

### **Associated Indemnity Corporation**

Name of Company

William S. Paukovitz
Senior Vice President – Chief Compliance Officer
Official — Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

JAN 0 1 2011

### **SUMMARY SHEET**

SUMMARY SHEET STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
Change in Company's premium or rate level produced by rate revision SPRINGFIELD, ILLINOIS

(1)	(2) Annual Premium	(3) Percent			
Coverage	Volume (Illinois) *	Change (+or-) **			
Automobile Liability Private					
Passenger					
Commercial	<del>Thirds at the second s</del>				
Automobile Physical Damag					
Private Passenger					
Commercial					
Liability Other Than Auto					
Burglary and Theft					
Glass					
Fidelity					
Surety					
Boiler and Machinery					
Fire	·				
Extended Coverage					
Inland Marine					
Homeowners					
Commercial Multi-Peril		**************************************			
Crop Hail					
Other Workers' Compensation	2,227,834	1.5%			
Life of Insurance					
Does filing only apply to certain territory (territories) or certain					
Classes? If so,	an territory (territorico) of	- Cortain			
specify: No					
oposity.					
Brief description of filing. (If f	iling follows rates of an a	advisorv			
Organization, specify	3	•			
organization):	NCCI Advisory Volunt	ary Workers' Compensation R			
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new					

**Badger Mutual Insurance Company** 

Name of Company

Terry Falls - Workers' Compensation Coordinator

Official - Title

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.

(1)	(2)	(3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		-
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$1,173,807	+1.3%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	classes? If so specify No.	
2000 ming only apply to obtain torniory (tornion) or obtain		Marie Wall Wall Wall Administration of the Control
All the second s		
Brief description of filing (if filing follows rates of an advisory o	rganization, specify organiza	tion) See Filing Memorandum:
(Adopt 1/1/11 Advisory Rates)		, <del></del>

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

BANKERS STANDARD INSURANCE COMPANY Steve Kreider – WC Associate Product Manager
Official — Title

JAN 0 1 2011

# **ILLINOIS DEPARTMENT OF INSURANCE**

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		1/1/2011	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
Automobile Physical Damage     Private Passenger Commercial			
Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other <u>16.0 - Workers Comp</u>	\$ 177,988	+1.11%	
Line of Insurance			
Does filing only apply to certain territory (terr	tories) or certain classes? If so, specify	r: All territories	
Brief description of filing. (If filing follows rate NCCI 1/1/2011 Loss Costs and Rating Value	s of an advisory organization, specify o s with no change to existing Loss Cost	rganization): <u>Adoption of the</u> Multiplier of 1.60.	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rate	s.	
	Bloomington Co	mpensation Insurance Company	
		Name of Company	
		Kimberly Sweeney	
	Manager of Corporate	e Compliance & Underwriting Services	
		Official – Title	



# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2011

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	1.2	
14.	Crop Hail		
	Other workers compensation	2,268,161	-1.1%
	Line of Insurance		
Doe	es filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	NO .
Brie	of description of filing. (If filing follows r	ates of an advisory organization, specify orga	anization):
Adop	tion of latest NCCI loss cost		
*Ad	justed to reflect all prior rate changes.		
**C	nange in Company's premium level wh	ich will result from application of new rates.	
		Brotherhood Mutual Insurance Co	ompany
		Nam	e of Company
		Lama Latana AVD Day 11.0	Development
		Larry Jackson, AVP Research &	
		Oi	fficial – Title



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

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# Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

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### SHMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage -	Volume (Illinois) *	Change (+or <u>-) **</u>
Automobile Liability Private	Voidino (illiniolo)	Change (101)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	1,584,211	+0.40%
Life of Insurance		
Does filing only apply to certain Classes? If so, specify:  N/A	in territory (territories) or	certain
Brief description of filing. (If fi	ling follows rates of an ac	dvisorv
Organization, specify	g ronotto tatoo of all a	
organization):	Adoption of NCCI approved	l loss costs reference circular IL-20
effective 02/01/2011. Change in installment		
*Adjusted to reflect all prior ra **Change in Company's prem	· ·	t from application of ne
rates.		

### **SUMMARY SHEET**

(	Change in Company's premium or rate level produced by rate revision effective		March 1, 2011	
	J	(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		bile Liability		
	Private Comm	e Passenger nercial		
2.		obile Physical Damage		
	Private Comm	e Passenger		
3.		y Other Than Auto		
4.		y and Theft		
<b>5</b> .	Glass			
6.	Fidelity	•		
7.	Surety	d Mashinam.		
8. 9.	Fire	and Machinery		
9. 10.		ed Coverage		
11.	Inland			
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Workers Comp Line of Insurance	\$2,735,880	+0.4%
Does f	iling only	apply to certain territory	(territories) or certain classes? If so, specify:	
		n of filing. (If filing follo CI's 01/11 loss costs from	ws rates of an advisory organization, specify or circular IL-2010-10.	organization):

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.



Central Mutual Ins Co
Name of Company

MAR<sub>2</sub>0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

DEC - 3 2010

Form (RF-3)

### **SUMMARY SHEET**

# STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium or rate le	vel produced by rate revision effective	January 1, 2011
(1)	(2)	(3)
	Annual Premium	Percent
Coverag <u>e</u>	Volume (Illinois)*	Change (+ or -)**
<u> </u>		
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	-	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$9,606,995	0.4%
Line of Insurance	ψ3,000,000	0.170
Line of insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so, s	pecify:
No.	(territorios) or cortain classes. It so, s	p-00y.
Brief description of filing (If filing follow	vs rates of an advisory organization, spe	ecify organization):
Rate filing based on NCCI's approve	d advisory loss costs.	, ,
tate ming based on its ore approve		
* Adjusted to reflect all prior rate cha	nges	
** Change in Company's premium lev		
result from application of new rates		
result from application of new rates	•	
		Chartis Casualty Company
		Name of Company
		Walter Murphy
		Filings Analyst
	<del></del>	Official - Title

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Form (RF-3)

### **SUMMARY SHEET**

# STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

hange in Company's premium or rate le	evel produced by rate revision effective	ve January 1, 2011
<sub>.</sub> (1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		•
Private Passenger		
Commercial		
<ol> <li>Automobile Physical Damage         Private Passenger         Commercial     </li> </ol>		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
<ul><li>13. Commercial Multi-Peril</li><li>14. Crop Hail</li></ul>		
15. Other Workers' Compensation	-\$97,074	0.4%
Line of Insurance	<del></del>	
Does filing only apply to certain territor <b>No.</b>	y (territories) or certain classes? If s	o, specify:
Brief description of filing. (If filing follo	we rates of an advisory organization	specify organization):
Rate filing based on NCCI's approve	ed advisory loss costs.	
Nate ming based on Hoors approx		
* Adjusted to reflect all prior rate cha	anges.	
** Change in Company's premium le	vel which will	,
result from application of new rate		
		Ol Us Businests Consults Commons
	-	Chartis Property Casualty Company Name of Company
		Walter Murphy
.Eggs (1920)	TI 801 am	Filings Analyst
		Official - Title

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JAN 0 1 2011

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<u>Volume (Illinois)*</u>	<u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage	oial	
Private Passenger Commer		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity 7. Surety		
•		
<ol> <li>Boiler and Machinery</li> <li>Fire</li> </ol>		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	583	-4.5%
Line of Insurance		
Line of msurance		
Does filing only apply to certain terri	ory (territories) or certain classes? If so, specify:	N/A
Brief description of filing. (If filing foll Adoption of NCCI advisory loss costs and ra	ows rates of an advisory organization, specify organization, speci	anization):
*Adjusted to reflect all prior rate cha	nges	
**Change in Company's premium le	vel which will result from application of new rates.	
	Colonial American Casualty	and Surety Company
	N	ame of Company
	Nancy Hoppe, SVP and Chie	ef Pricing Actuary
		Official – Title



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Form (RF-3)

### **SUMMARY SHEET**

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective		January 1, 2011	
(1)	(2)	(3)	
(1)	Annual Premium	Percent	
Coverage	Volume (Illinois)*	Change (+ or -)**	
Coverage	volumo (minelo)		
1. Automobile Liability			
Private Passenger			
Commercial			
<ol><li>Automobile Physical Damage</li></ol>			
Private Passenger			
Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	40		
14. Crop Hail			
15. Other Workers' Compensation	\$31,625,343	0.4%	
Line of Insurance	40.,000,000		
Does filing only apply to certain territory <b>No.</b>	(territories) or certain classes? If so,	specify:	
Brief description of filing. (If filing follow Rate filing based on NCCl's approved		ecify organization):	
Adjusted to reflect all prior rate char	agas		
** Change in Company's premium leve	iyes. al which will		
result from application of new rates.		Commerce and Industry	
		Insurance Company	
		Name of Company	
	and the same of th	Walter Murphy	
	LED _	Filings Analyst	
		Official - Title	

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## Section 754.EXHIBIT A Summary Sheet (Form RF-3)



FORM (RF-3)

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### **SUMMARY SHEET**

STATE OF ILLINOIS
SPRINGEIGHD, ILLINOIS
OVER 18 TO STATE OF INSURANCE

(1)	(2) Annual Premium	(3) Percent
Coverage	- Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag	)	
Private Passenger		<del></del>
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$ 3,389,442	+0.48%
Life of Insurance		
Does filing only apply to cer Classes? If so,	tain territory (territories) or	certain
specify: No		
Brief description of filing. (I	f filing follows rates of an a	advisory
Organization, specify	Adopt NCCI loss costs do	ated effective January 1, 2011.
organization):	Adopt NCCI loss costs da	ned ellective January 1, 2011.
*Adjusted to reflect all prior	rate changes.	
**Change in Company's pre	emium level which will resu	alt from application of ne
rates.		
		ern Insurance Company
		me of Company
	Anna Antonova, Ad	
		Official – Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

## FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision
effective January 1, 2011

-	(1) ·	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private Passenger	Volume (Illinois) *	Change (+or-) **
2	Commercial Automobile Physical Damag		
	Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5. 6.	Glass Fidelity		
7. 8.	Surety Boiler and Machinery		
9. 10.	Fire Extended Coverage		
11.	Inland <sub>.</sub> Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation  Life of Insurance	\$1,085,899	+0.4%
*	Life of insurance		
•	Does filing only apply to certain Classes? If so,	in territory (territories) or	certain
	specify: No No		
	Brief description of filing. (If fi Organization, specify organization):		dvisory
	miscellaneous rating values promulgated	by N.C.C.I., effective January 1st	, 2011.
	*Adjusted to reflect all prior ra  **Change in Company's prem		It from application of new
	rates E L E D	Cornhusker Casua	
			me of Company nt, A.C.A.S Actuary
	JAN <b>0 1</b> 2011		Official - Title
		•	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
. Automobile Liability Private Passenger Commercial		
Automobile Physical Damage     Private Passenger Commerce	ial	
. Liability Other Than Auto		
. Burglary and Theft		
. Glass		
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
Extended Coverage		
1. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other Workers Compensation	approx. \$100,000	0.4%
Line of Insurance		
oes filing only apply to certain territo	ry (territories) or certain classes? If so, specify:	no
rief description of filing. (It filing follo	ws rates of an advisory organization, specify orga	ANGELETT CONTRACT CONTRACT
iling to adopt the latest National Council on C approved in NCCI Approval Circular IL-20	compensation Insurance, Inc. (NCCI) loss costs contained in	NCCI Filing Circular IL-2010-05
	10.40	

Name of Company

See Plus Vice Resident

Official - Title

JAN 0 1 2011

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.



FORM (RF-3)

### **SUMMARY SHEET**

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automobile Liability Private		
Passenger		·
Commercial		
Automobile Physical Damag		•
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	635,537	0.3%
Life of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
specify: N/A		
specify.		
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify		,
organization):	EastGUARD adopts the A	Advisory Rates as released by the
National Council on Compensation Ins	urance, Inc., effective January 1,	2011 per IL-2010-07, which reflects a
overall increase of 1.5% for all policies effe		
*Adjusted to reflect all prior ra		
**Change in Company's pren		H. C

Jolene Carey, State Filings Representative

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Form (RF-3)

### SUMMARY SHEET

## STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Change in Company's premium	or rate level produced b	by rate
revision effective 1/1/11		
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail		
15. Other Workers Compensation	\$863,601	0.4%
Does filing only apply to certain of the so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	): Adoption of the NCC maintaining current an exception Minimum code 9015.	I Loss Costs IL-2010-10 multipliers. We have Premium of \$500 for
* Adjusted to reflect all prior re ** Change in Company's premium lever result from application of new	ate changes. el which will	JAN 0 1 2011 STATE OF ILLINOIS
	Employers Fire Insufere Name of Compa	A COMPANY INSURANCE

Cheryl R. Turner, Assistant Vice President Workers Compensation



FORM (RF-3)

JAN 0 1 2011

SUMMARY SHEET

DEPARTMENT OF ILLINOIS
SPRINGE INSURANCE

Change in Company's premium or rate level produced by rate revisional incompany in the company is premium or rate level produced by rate revisional incompany in the company in the company is premium or rate level produced by rate revisional incompany in the company in the compan

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	obile Liability Private		
Passe	•		
Comm			
	obile Physical Damag	}	•
	e Passenger		
Comm			
	y Other Than Auto		
_	ry and Theft		
Glass			
Fidelity			
Surety			
	and Machinery		
Fire			
	ded Coverage		
	Marine		
	owners		
	ercial Multi-Peril		
Crop F			
Other (	(Workers Compensation)  Life of Insurance	\$436,454	+1.5%
	filing only apply to cer	tain territory (territories) or o	ertain
	es? If so,		
specif	y: <u>No</u>		
Brief o	description of filing. (I	f filing follows rates of an ad	visory
_	nization, specify		
_	ization):	Adoption of NCCI's Voluntar	y Advisory Rates and Rating Value
effective	e January 1, 2011.		
**Cha		rate changes. emium level which will result	from application of new
rates.		Explorer	Insurance Company
			ie of Company
		Tammy Ste	einell, Sr. Filing Analyst

revision effective(1)	January 1, 2011 (2)	(3)
(')	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) *
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$1,801,192	0.9%
Line of Insurance		
Does filing only apply to certain territory (terriclasses? If so, specify: No	itories) or certain	
	es of an advisory adoping the NCCI approval 1/1/20° newal policies.	11 voluntary loss costs, for

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

FILE

JAN 0 1 2011

STATE OF ILLINGIS
DEPARTMENT OF INCARANCE
SPRINGFIELD, ILLINGIS

Farmers Insurance Exchange

Name of Company

gam of Balland

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

### **SUMMARY SHEET**

DEC - 6 2010

CONTO

Change in Company's premium or rate level produced by rate IAN 0 1 revision effective January 1, 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

(1) State of Illinois Artment of (NSURANCE Springfield, Illinoise	(2) Annual Premium Volume (Illinois) *	(3) Percent <u>Change (+ or -) **</u>
Automobile Liability     Private Passenger		
Commercial 2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	11,503,499	-1.8%
No  Brief description of filing. (If filing follows ra  Adoption of approved NCCI Circular IL-2	ates of an advisory organiza	ation, specify organization):
Costs, and Rating Values Effective Janu	ary 1, 2011.	
* Adjusted to reflect all prior rate changes.  ** Change in Company's premium level who will result from application of the rates.		Federated Mutual Ins. Co.
<b>►</b>		Name of Company

DEF SHANNE

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective January 1, 2011 \_\_\_\_\_ .

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
6. 	Fidelity	741	
7.	Surety <b>JAN 0 1</b> 20	J11	
8.	Boiler and Machinery Fire STATE OF ILL!	NOIS	
9.	Fire STATE OF ILL!  Extended Coverage SPRINGFIELD, IL	LINOIS	
0.	Extended Coverage SPRINGFIELD, "		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		0.00/
5.	Other Workers' Compensation Line of Insurance	916,847	-3.6%
<u>N</u>	es filing only apply to certain territory (terro		
_A	doption of approved NCCI Circular IL-20	10-10 Illinois-Voluntary Mark	et-Advisory Rates, Loss
<u>_</u> C	osts, and Rating Values Effective Januar	y 1, 2011.	
* C	djusted to reflect all prior rate changes. Change in Company's premium level which	ch	
٧	vill result from application of new rates.		Federated Service Ins. Co.
			ne of Company
		Greg Bangs, AC	AS, MAAA – Assoc. Actuary
		(	Official – Title

### **FORM RF-3**

(1)	(2)	· (3)
Coverage	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass 6. Fidelity 7. Surety		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire JAN 0 I 2011		
0. Extended Coverage		
1. Inland Marine  STATE OF ILLINOIS  DEPARTMENT		
3. Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
4. Crop Hail		
5. Workers Compensation	\$1,372,978	0.4%
6. Other		
Line of Insurance		
oes filing only apply to certain territory (territories) or certain cl	asses? If so, specify	
NO		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company

Name of Company

William S. Paukovitz Senior Vice President - Chief Compliance Officer Official — Title

### SUMMARY SHEET

(1)	(2)	(3)
	Annual Premium	Percent
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
14. Clop hall		
15 Other WC	816 025	3.5
Line of Insurance  Does filing only apply to cert  If so, specify:	816,925 cain territory (territories)or	3.5 certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.		certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organiza	(If filing follows rates of a	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri  ** Change in Company's premium	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri  ** Change in Company's premium	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri  ** Change in Company's premium	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates or rate changes.  The results of the results	certain classes?
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri  ** Change in Company's premium result from application of	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates	certain classes?  n advisory  s
Line of Insurance  Does filing only apply to cert  If so, specify:  Brief description of filing.  organization, specify organization  * Adjusted to reflect all pri  ** Change in Company's premium result from application of	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates of rate changes.  To rate changes.  To level which will new rates.  Graphic Arts Mutual Insur	certain classes?  n advisory  sance Company
Line of Insurance  Does filing only apply to cert If so, specify:  Brief description of filing. organization, specify organization  * Adjusted to reflect all pri ** Change in Company's premium result from application of  JAN 0 1 2011  STATE OF ILLINOIS	(If filing follows rates of a ation): Adopting NCCI 1/1/2011 Rates of rate changes.  The correct changes of a level which will new rates.  Graphic Arts Mutual Insuration Name of Comparishments	certain classes?  n advisory  s

### RECEIVED

DEC - 3 2010

Form (RF-3)

### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

Official - Title

Change in Company's premium or rate leve	el produced by rate revision effecti	SPRINGFIELD ve January 1, 2011
mange in company a promisin or rate ion	or productor by rate to the errors	
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage     Private Passenger     Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		4.5 Table
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	<u> </u>	
13. Commercial Multi-Peril	<del></del>	
14. Crop Hail	\$1,231,484	0.4%
15. Other Workers' Compensation Line of Insurance	\$1,231,404	0.470
Does filing only apply to certain territory (		o, specify:
Brief description of filing. (If filing follows Rate filing based on NCCI's approved	rates of an advisory organization, advisory loss costs.	specify organization):
<ul><li>* Adjusted to reflect all prior rate change</li><li>** Change in Company's premium leve</li></ul>		
result from application of new rates.		
		Granite State Insurance Company
	_	Name of Company
		Walter Murphy
		Filings Analyst

H29219D



JAN 0 1 2011



### FORM RF - 3

MAR 0 1 2011

		ate level produced by rate revis <b>ற்கத்</b> 3/1/2011 <u>s</u>	PRINGFIELD, ILLINOIS
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois) *	Change (+ or -
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		<del></del>
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Workers Compensation	\$9,989,815	4.8%
	Other		
	(Line of Insurance)		
ind	g only apply to certain territory (territor	ies) or certain classes? If so, specify:	NO
sc I L 20	cription of filing. (If filing follows rates of costs, Rating Values and Retrose) 11. Our filing (IL10202CG000015) to LCM to 1.60	pective Rating Values from NCCI Circ	ganization): <u>Ador</u> cular IL-2010-05 effecti
sc I L 20	oss Costs, Rating Values and Retros 111. Our filing (IL10202CG000015) to	pective Rating Values from NCCI Circ	ganization): <u>Ador</u> cular IL-2010-05 effecti
sc L 20	oss Costs, Rating Values and Retros 111. Our filing (IL10202CG000015) to	pective Rating Values from NCCI Circ be effective March 1, 2011.	cular IL-2010-05 effecti
SC L	Loss Costs, Rating Values and Retros 211. Our filing (IL10202CG000015) to LCM to 1.60  * Adjusted to reflect all prior rate chain	pective Rating Values from NCCI Circle be effective March 1, 2011.  nges. el which will result from application of	new rates.
SC L	Loss Costs, Rating Values and Retros 211. Our filing (IL10202CG000015) to LCM to 1.60  * Adjusted to reflect all prior rate chain	pective Rating Values from NCCI Circle be effective March 1, 2011.  Inges.  el which will result from application of Great American Alliance Insertice in the control of th	new rates.
L	Loss Costs, Rating Values and Retros 211. Our filing (IL10202CG000015) to LCM to 1.60  * Adjusted to reflect all prior rate chain	pective Rating Values from NCCI Circle be effective March 1, 2011.  Inges.  el which will result from application of Great American Alliance Insertice in the control of th	new rates. surance Company Company



### FORM RF - 3

MAR 0 1 2011

	Change in Company's premium or ra	3/1/2011 SPRING	ange in Company's premium or rate level produced by rate revision to the serious of the city of the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate level produced by rate revision to the company's premium or rate revision to the company's premium or rate level premium or rate revision to the company's premium			
	(1)	Annual Premium	Percent			
	Coverage	Volume (Illinois) *	Change (+ or - ) **			
	Automobile Liability					
•	Private Passenger					
	Commercial					
2.	Automobile Physical Damage					
•	Private Passenger Commercial					
3.	Liability Other Than Auto					
<b>1</b> .	Burglary and Theft					
5.	Glass					
3.	Fidelity					
7.	Surety					
3.	Boiler and Machinery					
). ).	Fire					
10.	Extended Coverage					
11.	Inland Marine	····				
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Workers Compensation	\$10,694	9.5%			
16.	Other					
<b>U</b> .	(Line of Insurance)					
	,					
Does f	ling only apply to certain territory (territori	es) or certain classes? If so, specify	: NO			
	escription of filing. (If filing follows rates o					
of NCC	I Loss Costs, Rating Values and Retrosp	pective Rating Values from NCCI Cir				
of NCC		pective Rating Values from NCCI Cir				
of NCC Jan. 1,	I Loss Costs, Rating Values and Retrosp	pective Rating Values from NCCI Cir				
of NCC Jan. 1,	CLLoss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b	pective Rating Values from NCCI Cir				
of NCC Jan. 1,	CI Loss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b d LCM to 1.69	pective Rating Values from NCCI Cir e effective March 1, 2011.				
of NCC Jan. 1,	CI Loss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b d LCM to 1.69  * Adjusted to reflect all prior rate chan	pective Rating Values from NCCI Cir e effective March 1, 2011. ges.	cular IL-2010-05 effective			
of NCC Jan. 1,	CI Loss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b d LCM to 1.69	pective Rating Values from NCCI Cir e effective March 1, 2011. ges.	cular IL-2010-05 effective			
of NCC Jan. 1,	CI Loss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b d LCM to 1.69  * Adjusted to reflect all prior rate chan	pective Rating Values from NCCI Circle effective March 1, 2011.  ges.  If which will result from application of	cular IL-2010-05 effective			
of NCC Jan. 1,	CI Loss Costs, Rating Values and Retrosp 2011. Our filing (IL10202CG00015) to b d LCM to 1.69  * Adjusted to reflect all prior rate chan	ges.  Great American Assurance	cular IL-2010-05 effective			

WC-IL-6 Printing 2/02

Official - Title

Donna Lansing, Product Analyst



### FORM RF - 3

	(4)	DEPARTMENT OF INSURANCE (2) SPRINGFIELD, ILLINOIS		
	(1)	Annual Premium	Percent	
Co	overage	Volume (Illinois) *	Change (+ or	
Αι	utomobile Liability			
	Private Passenger			
	Commercial			
	itomobile Physical Damage			
	Private Passenger			
	Commercial			
Lia	ability Other Than Auto		<del>-                                    </del>	
	urglary and Theft			
	ass			
Fid	delity			
Su	urety	-		
	piler and Machinery			
Fi	<del>-</del>			
Ex	tended Coverage			
Inl	and Marine			
Н	omeowners			
Co	ommercial Multi-Peril			
Cr	op Hail			
W	orkers Compensation	\$1,062	7.1%	
Ot	ther			
	(Line of Insurance)			
			_	
ng on	ly apply to certain territory (territories	s) or certain classes? If so, specify:	NO NO	
			<u> </u>	
scripti	ion of filing. (If filing follows rates of a CCI Loss Costs, Rating Values and	an advisory organization, specify or	ganization):	
1 AT IN	CCI Loss Costs. Rating values and	Retrospective Rating values from	NCCI Circular IL-2019	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Great American Insurance Company
Name of Company

Donna Lansing, Product Analyst
Official - Title



### FORM RF - 3

_	Change in Company's premium or ra  (1)  Coverage	Annual Premium	(5)
-	Coverage		Percent
		Volume (Illinois) *	Change (+ or - )
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		_
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		<u> </u>
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		<u></u>
	Crop Hail		
	Workers Compensation	\$1,026,105	0.0%
	Other		
	(Line of Insurance)		

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Great American Insurance Company of New York		
Name of Company		

Donna Lansing,	Product Analyst
(	Official - Title

WC-IL-6

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 1/1/2011.

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damae Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	JAN 0 1 2011  STATE OF ILLINOIS  DEPARTMENT OF INSURAN SPRINGFIELD, ILLINOIS		+10.1%
Does filing only apply to certain t	territory (territories) or certain cla	sses? If so, specify <u>NC</u>	)
			ation)
Adoption of NCC	I 1/1/2011 advisor	y loss cost	

Great Divide Ins.Company Name of Company Gloria Ivey Regulatory & Product Line Mgm Official — Title

Adjusted to reflect all prior rate changes.
Change in Company's premium level which will result from application of new rates.

### FORM (RF-3)

### **SUMMARY SHEET**

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
Automobile Liability Private			
Passenger			
Commercial			
Automobile Physical Damag	9		
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril			
Crop Hail			
Other Workers Compensation	\$80.127	+4.8%	
Life of Insurance			
Does filing only apply to ce	ortain territory (territories) o	r certain	
Classes? If so,	itali termory (termonos) o		
specify: No		JUN 0 1 2011	
		STATE OF ILLINOI	
Brief description of filing. (	If filing follows rates of an	Adviso DEPARTMENT OF INSU	
Organization, specify		SPRINGFIELD, ILLINO	
organization):	Filing is for the adoption	of the National Council on Compensat	
Insurance (NCCI) 1/1/11 rates withou	ut modification (IL-2010-10)		
*Adjusted to reflect all prior rate changes.			
**Change in Company's pr	emium level which will resi	ult from application of new	
rates.			
	Greater New York	k Mutual Insurance Company	
	Na	ame of Company	
		Commercial Lines Underwriting	
		Official - Title	

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in	n Company's premium or rate leve	el produced by rate revision effective	1-/-/1
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
2. Auto F 3. Liabi 4. Burg 5. Glas 6. Fide 7. Sure 8. Boile 9. Fire 10. Exte 11. Inlar 12. Hom 13. Com 14. Crop	lity ety er and Machinery ended Coverage end Marine eneowners enercial Multi-Peril	506,464	0.4%
Brief des	cription of filing. (If filing follows racosts eff 1/1/2011	erritories) or certain classes? If so, specify: ates of an advisory organization, specify org	
*Adjusted **Change	d to reflect all prior rate changes. e in Company's premium level wh	nich will result from application of new rates.  Greenwich Insurance Compa	
			ame of Company
		Mark Stockbridge, Vice Presi	dent Official – Title



JAN 0 1 2011

### Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	1/1/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
B. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
5. Fidelity		
7. Surety		
B. Boiler and Machinery  B. Fire		
0. Extended Coverage		
Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
4. Crop Hail		
5. Other 16.0 Workers' Compensation	1,360,468	-1.0%
Line of Insurance		
Does filing only apply to certain territory (terr	itarias) or cortain classes? If so, specify:	NO
loes liling only apply to certain territory (terr	itolies) of certain classes: if so, specify.	NO
Brief description of filing. (If filing follows rate Ve are adopting NMCCI loss cost outlined under IL-201	es of an advisory organization, specify organi 0-10, with no changes to company LCM.	zation):
And the second s		
Adjusted to reflect all prior rate changes. *Change in Company's premium level whic	h will result from application of new rates.	
	GuideOne Elite Insurance	_
	Name	of Company
	Scott Reddig, Chief Actuary & SV	P
	Offic	cial – Title



JAN 0 1 2011

### Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change	in Company's premium or rate leve	el produced by rate revision effective	1/1/2011
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1. Auto	omobile Liability Private		
	Passenger Commercial _		
	omobile Physical Damage Private Passenger Commercial		
	ility Other Than Auto		
	glary and Theft		
5. Glas	ss -		
6. Fide	elity		
7. Sure	ety		
8. Boile	er and Machinery		
9. Fire			
	ended Coverage		
11. Inlai	nd Marine		
12. Hom	neowners		
13. Con	nmercial Multi-Peril		
14. Crop	•		
15. Othe	er 16.0 Workers' Compensation	1,360,468	-1.0%
	Line of Insurance		
Does filir	ng only apply to certain territory (te	erritories) or certain classes? If so, speci	fy: NO
	scription of filing. (If filing follows ra opting NMCCI loss cost outlined under IL-20	ates of an advisory organization, specify 010-10, with no changes to company LCM.	organization):
	d to reflect all prior rate changes. e in Company's premium level whi	ich will result from application of new rat	es.
		GuideOne Mutual Insuran	
			Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title

FILED

JAN 0 1 2011

### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>05/01/2011</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	,	,
Private Passenger		
Commercial		<del></del>
2. Automobile Physical Damage	1/2	
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$175,041,543	+1.3%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories)	or certain classes? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an (Adopt 1/1/11 Advisory Rates)	advisory organization, specify organizat	tion) See Filing Memorandum;

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA
Name of Company

<u>Steve Kreider – WC Associate Product Manager</u> Official — Title





DEC - 3 2010

Form (RF-3)

### **SUMMARY SHEET**

## STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

hange in Company's premium or rate le	January 1, 2011	
(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
<u>Coverage</u>	voidine (minois)	Sharige (* Or )
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$73,401,094	0.4%
Line of Insurance		
Does filing only apply to certain territory <b>No.</b>	(territories) or certain classes? If so,	specify:
Brief description of filing. (If filing follow Rate filing based on NCCI's approve		pecify organization):
* Adjusted to reflect all prior rate cha		
** Change in Company's premium lev		
result from application of new rates		
		Illinois National Insurance Co.
		Name of Company
		Walter Murphy
	E.	Filings Analyst
		Official - Title
		Official Title

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JAN 0 1 2011



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Form (RF-3)

### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate le	evel produced by rate revision effective	January 1, 2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Automobile Liability         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Automobile Physical Damage         <ul> <li>Private Passenger</li> <li>Commercial</li> </ul> </li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> </ol>		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation Line of Insurance	\$30,028,190	0.4%
No.  Brief description of filing. (If filing follows)	ws rates of an advisory organization, sp	
* Adjusted to reflect all prior rate cha ** Change in Company's premium lever result from application of new rates.	anges. vel which will	The Insurance Company of the State of Pennsylvania Name of Company
		Walter Murphy Filings Analyst Official - Title

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### Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

#### SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective January 1, 2011 (1) (2) (3)**Annual Premium** Percent Volume (Illinois) \* Coverage Change (+or-) \*\* Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto **Burglary and Theft** Glass **Fidelity** Surety **Boiler and Machinery** Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other (Workers Compensation) \$4,857,574 +1.5% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI's Voluntary Advisory Rates and Rating Values effective January 1, 2011. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new

Insurance Company of the West	
Name of Company	
Tammy Steinell, Sr. Filing Analyst	
Official - Title	

rates.

### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>January 1, 2011</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
<ol> <li>Automobile Liability         Private Passenger         Commercial</li> <li>Automobile Physical Damage         Private Passenger         Commercial</li> <li>Liability Other than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> </ol>	Volume (Illinois)"	Change (+ or –)	
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 16. Other	\$802,074	+6.3%	
Line of Insurance			
Does filing only apply to certain territory (territories) or certain clas			
Brief description of filing (if filing follows rates of an advisory organ Adoption of NCCl's Advisory Loss Costs, and Miscellaneous Values Multiplier of 1.789.		<del>-</del>	

\* Adjusted to reflect all prior rate changes.
 \*\* Change in Company's premium level which will result from application of new rates.

**Lumbermen's Underwritng Alliance** Name of Company

<u>Donna Bauman – Govt. Affairs Senior Analyst</u> Official — Title

### FORM (RF-3) SUMMARY SHEET

	Change in Company's premium or rate le revision effective	January 1, 2011	
	(1)	(2)	(3)
		Annual Premium	Percent
	Coverage	Volume (Illinois)*	Change (+ or -) **
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage Private Passenger Commercial		
	Liability Other Than Auto	4.6	
	Burglary and Theft JAN 0 1 20	11	
	Glass		
	Fidelity STATE OF ILLIN	IOIS	
	Surety STOARTMENT OF INS	SURANCE	
	Boiler and Machinery SPRINGFIELD, ILL	INOIS	
	Fire		
	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Workers Compensation	\$3,403,106	0.8%
	Line of Insurance		
	Does filing only apply to certain territory (terriclasses? If so, specify: No	ritories) or certain	
_	Address		
	Brief description of filing. (If filing follows rat		
0		e adoping the NCCI approval 1/1/20	11 voluntary loss costs, for
_	and re	newal policies.	
_			

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

SPRING	Charle in Company's premium oz/01/2011  (1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
	Passenger		
	Commercial		
2	Automobile Physical Damag		_
	Private Passenger		-
0	Commercial	······································	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	<del> </del>	
13.			
14.	Crop Hail		
15.	Other Workers Compensation	11,469,582	+0.40%
	Life of Insurance		
•	Does filing only apply to certain Classes? If so, specify:  N/A	n territory (territories) or o	certain
	Drief description of films (If fil	na follows rates of an ar	h.ioon.
	Brief description of filing. (If fili Organization, specify	ng rollows rates of an ac	IVI5OI Y
	organization, specify	Adaption of NCCI approved	lana anata rafaranan alamular II. 2040
	effective 02/01/2011. Change in installment fe		loss costs reference circular IL-2010
		e nom sio to up to sio .	

Alana Salinas - Team Leader Underwriting Operations



FORM (RF-3)

### **SUMMARY SHEET**

JAN 0 1 2011

STATE OF ILLINOIS
Change in Company's premium or rate level produced by PREARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	voidino (minoro)	Change (101)
.,	Passenger		
	Commercial		
2	Automobile Physical Damag	Vide - P. J.	
	Private Passenger		•
	Commercial	**************************************	
3.	Liability Other Than Auto		
4.	Burglary and Theft	<u> </u>	
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	13,141,892	0.0%
	Life of Insurance		
•		rance Company will adopt the advisory rates e	offective January 1, 2011 with the following deviations:
	Code 3507 +15%; codes 4130, 4307, 5188, 544		· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If fil	ing follows rates of an ac	avisory
	Organization, specify	NCCL II 2010 10 Illinois V	Columbiant Market - Assessed of Asia Co.
	organization): Loss Costs, and Rating Values Effective.		oluntary Market— Approval of Advisory Rates,
	LOSS COSIS, and Raing Values Elective	January 1, 2011	
	*Adjusted to reflect all prior rat **Change in Company's premi rates.		t from application of new

Midwest Insurance Company

Name of Company Debi Barr-Holquist, Compliance Manager

FORM (RF-3)

## FILED

### **SUMMARY SHEET**

	Change in Company's premiue effective 02/01/2011	m or rate level produced	
	CHOCKIVE OLIVIZOTT	•	STATE OF ILLINOIS DEPARTMENT OF INSURAI SPRINGERIA
	(1)	(2)	SPRINGFIELD, ILLINOIS
	` ,	Annual Premium	Percent
	Coverage	Volume (Illinois) *	_ Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		***************************************
	Liability Other Than Auto		
	Burglary and Theft		
	Glass	***************************************	
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
		·	
	Extended Coverage Inland Marine		
			**************************************
	Homeowners		<del></del>
	Commercial Multi-Peril		
	Crop Hail		
•	Other Workers' Compensation	-16476	0.4%
	Life of Insurance		
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,	, (carriage)	
	specify: N/A		
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	mig renotite rates of arra	a v
	organization):	Adoption of NCCI rate refe	erenced in IL-2010-05 on 2/1/2011
	*Adjusted to reflect all prior ra	ite changes	
	**Change in Company's pren	•	It from application of new
	rates.	nam totol without with room	it nom application of non
	. 3.30.	Milwaukee Casualt	ty Insurance Company
		Naı	me of Company
			me of Company es Shoenfelt, ACAS

#### FORM RF-3

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability     Private Passenger     Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other than Auto 4. Burglary and Theft  5. Glass		
5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage		
I1. Inland Marine I2. Homeowners I3. Commercial Multi-Peril		
Crop Hail     Workers Compensation     Other	\$2,077,848	+0.4%
Line of Insurance		
es filing only apply to certain territory (territories) or certain o		
ief description of filing (if filing follows rates of an advisory or		ation)
option of NCCI Workers Compensation Loss Cost Reference Filing		

National Interstate Insurance Company
Name of Company

<u>Kathy Juhasz, Regulatory Compliance Spec.</u>
Official — Title

### **FORM RF-3**

(1) Coverage	(2)	(3)
	Annual Premium	Percent
	Volume (Illinois)*	Change (+ or –)**
utomobile Liability		
Private Passenger		
Commercial		
utomobile Physical Damage		
Private Passenger		•11
Commercial		
iability Other than Auto		
urglary and Theft		
lass idelity		
urety		
oiler and Machinery		
JAN <b>0 1</b> 2011		
xtended Coverage		
land Marine STATE OF ILLINOIS		
omeowners DEPARTMENT OF INSURANCE		
ommercial Multi-Peril SPRINGFIELD, ILLINOIS		
rop Hail		
/orkers Compensation	\$2,700,999	0.4%
ther		
Line of Insurance		
iling only apply to certain territory (territories) or certain cl	asses? If so, specify	
_NO		
escription of filing (if filing follows rates of an advisory org		

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

**National Surety Corporation** 

Name of Company

William S. Paukovitz Senior Vice President – Chief Compliance Officer
Official — Title

DEC - 3 2010

Form (RF-3)

### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Official - Title

hange in Company's premium or rate le	vel produced by rate revision effective	January 1, 2011
(1)	(2)	(3)
(.,	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
	•	
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
<ul><li>8. Boiler and Machinery</li><li>9. Fire</li></ul>		
10. Extended Coverage _		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$64,735,583	0.4%
Line of Insurance		
Does filing only apply to certain territory	y (territories) or certain classes? If so	, specify:
No.		
Brief description of filing. (If filing follow	vs rates of an advisory organization, s	pecify organization):
Rate filing based on NCCI's approve	ed advisory loss costs.	
Trate ming seeds of the september		
* Adjusted to reflect all prior rate cha	inges.	
** Change in Company's premium lev	vel which will	
result from application of new rates		
		National Union Fire Insurance
		Company of Pittsburgh, Pa.
		Name of Company
	FILED	
		Walter Murphy
		Filings Analyst

H29219D

JAN 0 1 2011



DEC - 3 2010

Form (RF-3)

### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

Change in Company's premium or rate	level produced by rate revision effective	SPRINGFIELD January 1, 2011
mange in Company's premium or rate	level produced by rate revision encoure	Validary 1, 200
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage     Private Passenger     Commercial		
Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
<ul><li>9. Fire</li><li>10. Extended Coverage</li></ul>		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation Line of Insurance	\$50,449,932	0.4%
Does filing only apply to certain territ <b>No</b> .	ory (territories) or certain classes? If so, s	specify:
Brief description of filing. (If filing fol Rate filing based on NCCI's appro	lows rates of an advisory organization, spe	ecify organization):
* Adjusted to reflect all prior rate c		
** Change in Company's premium result from application of new rate		
	Ne	w Hampshire Insurance Company
		Name of Company
		Walter Murphy
		Filings Analyst
THE RESERVE OF THE PERSON OF T		Official - Title

H29219D



JAN 0 1 2011

FORM (RF-3)

### SUMMARY SHEET



JAN 0 1 2011 Change in Company's premium or rate level produced by rate revision DEPARTMENT OF ILLINOIS SPRINGFIELD, ILLINOIS effective January 1, 2011 (1) (2)**Annual Premium** Percent Volume (Illinois) \* Change (+or-) \*\* Coverage 1. Automobile Liability Private Passenger Commercial 2 Automobile Physical Damag Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. **Fidelity** 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation 1,207,667 3.1% Life of Insurance Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NorGUARD adopts the Advisory Rates as released by the National Council on Compensation Insurance, inc., effective January 1, 2011 per IL-2010-07, which reflects an overall increase of 1.5% for all policies effective on and after January 1, 2011. \*Adjusted to reflect all prior rate changes. \*\*Change in Company's premium level which will result from application of new rates. NorGUARD Insurance Company

Name of Company Jolene Carey, State Filings Representative

### **SUMMARY SHEET**

		um or rate level produced by rate	
	revision effective	January 1, 2011	
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change ( + or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
۷.	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	••••	
⊶. 5.	Glass		
5. 6.	Fidelity		
	•		
7. 2	Surety	<del></del>	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	<del></del>	
14.	Crop Hail		
15.	Other <u>16.0 - Workers Compensation</u> Line of Insurance	ion <u>\$1,124,895</u>	0.40%
Doe	s Filing only apply to certain territory (	(territories) or certain	
	ses? If so, specify: No	,	
0.0.0			
	description of filing. (If filing follows		
orga	nization, specify organization):		npensation
	-	Loss Costs Revision	
	-		
	-		
	<ul><li>* Adjusted to reflect all prior rate char</li></ul>	•	
*	<ul> <li>Change in Company's premium leve</li> </ul>		
	result from application of new rates.		
		Nova Casua	alty Company
		Name of	f Company
	-011		
	• 0 1 2011		
	IAN - SIS SIS	•	
	JAN 01 2011 JAN 05 ILLINOIS ANCE	Kevin Purcell, V	ice President - IRC
	STATE OF INJUIS	Officia	al - Title
	-PARTMEN IELD, ILL		
	JAN 0 1 20 JAN 0 1 20 STATE OF ILLINOIS DEPARTMENT OF ILLINOIS DEPARTMGFIELD, ILLINOIS		

### FORM (RF-3)

### **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage -	. Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		· · · · · · · · · · · · · · · · · · ·
	Boiler and Machinery		
	Fire		
	Extended Coverage		
•	Inland Marine		
	Homeowners	<del></del>	
	Commercial Multi-Peril		
•	Crop Hail		
	Other Workers' Compensation	\$409,564	+0.4%
	Life of Insurance		
	Does filing only apply to certa	ain territory (territories) or	certain
	Classes? If so,	an ternory (terniones) or	CCITAIN
	specify: No		
	<u></u>		<del></del>
	Brief description of filing. (If	filing follows rates of an a	dvisorv
	Organization, specify	ming removed races or arrive	
	organization):	Oak River is adopting	the advisory loss costs and
	miscellaneous rating values promulgate	<del></del>	
	*Adjusted to reflect all prior r	ate changes.	
	*Adjusted to reflect all prior r		ult from application of nev
	**Change in Company's prer		ult from application of nev
	**Change in Company's prer rates.	mium level which will resu	
	**Change in Company's prer	mium level which will resu Oak River Insu	ult from application of new urance Company ame of Company

Official - Title

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
C?RINGFIELD, ILLINOIS

JAN 0 1 2011

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Form (RF-3)

### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

Change in Companyis proming	m or rate level produced	SPRINGFIELD		
Change in Company's premium revision effective 1/1/11				
(1)	(2)	<del></del>		
(1)	Annual Premium	Percent		
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	Change (+ or -) **		
1. Automobile Liability Private Passenger				
Commercial				
2. Automobile Physical Damage Private Passenger				
Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft 5. Glass				
6. Fidelity 7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine				
12. Homeowners				
13. Commercial Multi-Peril				
14. Crop Hail		·		
15. Other Workers Compensation	\$1,329,532	0.4%		
Line of Insurance				
Does filing only apply to certain  If so, specify: No	territory (territories)	or certain classes?		
Brief description of filing. (If	filing follows rates of	an advisory		
organization, specify organization		CCI Loss Costs IL-2010-10		
		<del>-</del>		
* Adjusted to reflect all prior r		JAN 0 1 2011		
** Change in Company's premium level which will result from application of new rates.				
result from application of new		STATE OF ILLINOIS		
	C	SEPARTMENT OF INSURANCE		
	OneBeacon America Insu	rance Company		
	Name of Com	pany		
Ch	reyl R. Turner			
,	Turner, Assistant Vice	President Workers		
-	Official -Tit	le		
Official field				

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Form (RF-3)

### SUMMARY SHEET

### STATE OF ILLINOIS DEPARTMENT OF INSURANCE

			SPRINGFIELD	
	Change in Company's premium	<del>-</del>	by rate	
	revision effective 1/1/11		·•	
	(1)	(2)	(3)	
		Annual Premium	Percent	
	Coverage	Volume (Illinois) *	Change (+ or -)**	
1. Aı	utomobile Liability			
	Private Passenger			
2 7,	Commercial			
2. A	utomobile Physical Damage Private Passenger			
	Commercial			
3. L:	iability Other Than Auto			
	urglary and Theft			
5. G	lass			
6. F	idelity			
	urety			
	piler and Machinery			
9. F				
	xtended Coverage	····		
	omeowners		· · · · · · · · · · · · · · · · · · ·	
	ommercial Multi-Peril			
14. Ci	rop Hail			
15. Ot	ther Workers Compensation	\$320,089	0.4%	
	Line of Insurance			
Does :	filing only apply to certain	territory (territories)on	r certain classes?	
	, specify:	•		
Brief	description of filing. (If	filing follows rates of	an advisory	
organization, specify organization): Adoption of the NCCI Loss Costs IL-2010-10				
maintaining current multipliers.				
			54 (SEPORT)	
* Adjusted to reflect all prior rate changes.				
	ange in Company's premium leve sult from application of new :		JAN 0 1 2011	
re:	suit from application of new :	races.	2414 A T 5011	
			STATE OF ILLINOIS	
Name of Company Grant Field. ILLINOIS				
Cheryl R. Vurner				
The state of the s				
Cheryl R. Turner, Assistant Vice President Workers				
Compensation				
	0551 1 3 7 7113			
	Official -Title			

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>01/01/2011</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
Automobile Liability     Private Passenger		
Commercial		·
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire JAN 0 1 2011		
10. Extended Coverage		
11. Inland Marine STATE OF ILLINOIS		
12. Homeowners  13. Commercial Multi-Peril  14. Triand Marine  STATE OF ILLINOIS  SPRINGFIELD, ILLINOIS		
13. Commercial Multi-Peril SPRINGFIELD, ILLINOIS		
14. Crop Hail		
15. Workers Compensation	\$5,084,525	+1.3%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain cla	sses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory orga Adopt 1/1/11 Advisory Rates	nization, specify organizat	ion See Filing Memorandum:
		<del> </del>

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

Steve Kreider - WC Associate Product Manager Official — Title

FORM (RF-3)

### **SUMMARY SHEET**

FI		En
MAR	0 1	2011

Change in Company's premiu effective 3/01/2011 New & Renewal	Annual Premium	Percent
Coverage -	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	***************************************	
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$41,778,341	+9.0%
Life of Insurance		
Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	certain
Duisé description of Stines (166	1: f-11	4.4
Brief description of filing. (If fi	ing follows rates of an a	uvisory
Organization, specify	Adaption of NCCL advisor	, loop poets (1/01/2011)im loop poet
organization):	Adoption of NCC1 advisory	loss costs (1/01/2011) using loss cost
multiplier of 1.712 to arrive at final rates.		

PEKIN INSURANCE COMPANY

Name of Company Edward A. Mulvey, Vice President of Underwriting

rates.

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective  $\frac{1/1/11}{1/11}$ 

	Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto		
4. Burglary and Theft 5. Glass		
6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage  11. Internal Machinery 12. STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS SPRINGFIELD, ILLINOIS		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril		
14. Crop Hail 15. Workers Compensation 16. Other Line of Insurance	13,780,145	+1.5%

Praetorian Insurance Company Name of Company

Tina Knight - Analyst
Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

# FILED

# **SUMMARY SHEET**

			JAN 0 1 2011
	nge in Company's premiur tive January 1, 2011	•	I by rate revision STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS
	(1)	(2)	(3)
	(*/	Annual Premium	Percent
	Coverage	Volume (Illinois) *	_ Change (+or-) **
Auto	mobile Liability Private	- Volume (minors)	_ Orlange (*or)
	senger		
	mercial		
	mobile Physical Damag		
	nte Passenger		•
	•		
	mercial		
	lity Other Than Auto		
_	lary and Theft		
Glas	•		
Fidel	•	***************************************	
Sure	•	**************************************	
	r and Machinery		
Fire			
Exter	nded Coverage		
Inlan	d Marine		
Hom	eowners		
Com	mercial Multi-Peril		
Crop	Hail		
Othe	Workers Compensation	1,080,343.00	1.5%
_	Life of Insurance		
	s filing only apply to certainses? If so, one of the original No one	in territory (territories) or	certain
Brief	description of filing. (If fil	ling follows rates of an a	dvison
	anization, specify	iiig iuliuws raids Urall a	iu vioui y
_	nization):	Adopt NCCI Advisory Rat	tes, Loss Costs, and Rating Values
_	enced in Circular #IL-2010-10 to be	<del></del>	ice, 2000 Coole, and I taking Value
10.01	Stock III Circulat WE 2010 10 to bo	choone bandary 1, 2011	
			ılt from application of new
		Preferred Professi	ional Insurance Company
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	me of Company
			Seneral Counsel, CCO

#### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective  $\underline{\mathtt{January}\ 1}$ , 2011

(1) Coverage  1. Automobile Liability	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**	
Private Passenger Commercial  2. Automobile Physical Damage			
Private Passenger Commercial  3. Liability Other than Auto			
4. Burglary and Theft 5. Glass 6. Fidelity  STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS			
7. Surety 8. Boiler and Machinery 9. Fire			
10. Extended Coverage 11. Inland Marine			
12. Homeowners 13. Commercial Multi-Peril			
<ul><li>14. Crop Hail</li><li>15. Workers Compensation</li><li>16. Other</li></ul>	\$3,755,203	¢+11.Z	
Line of Insurance			
Does filing only apply to certain territory (territories) or certain clas	sses? If so, specifyNO	·	
Brief description of filing (if filing follows rates of an advisory organ Company is a member of NCCI. We wish			
referenced in NCCI Circular IL-2010-	10 and NCCI It	em B-1420 without char	ıge .

\* Adjusted to reflect all prior rate changes.

Protective Insurance Company

Name of Company

Jeremy Jaynes - Compliance Analyst

Official — Title

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

# RECEIVED

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

DEC 1 4 2010

FORM (RF-3)

### SUMMARY SHEET

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 01/01/2011

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		- 3.13.195 (3.7)
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
3.	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Comp	1,375,050	+0.4
	Life of Insurance		
•	Does filing only apply to certal Classes? If so, specify: Adopting		certain We will not be amending our
	approved loss cost multiplier of 1.37		
	Brief description of filing. (If file Organization, specify organization):		······································
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	<i></i>	ual Insurance Company
		Naı	me of Company

JAN 0 1 2011

Public Service Mutual Insurance Company Name of Company Steven Borbely - Assistant Manager, State Filings Official - Title

#### SUMMARY SHEET

revision effective	ium or rate level produced b	y race
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	<pre>Volume (Illinois)*</pre>	<u> Change (+ or -)**</u>
<ol> <li>Automobile Liability         Private Passenger         Commercial     </li> </ol>		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	779,454	6.4%
Line of Insurance		
Brief description of filing. (I organization, specify organizati	f filing follows rates of a on): Adopting NCCI 1/1/2011 Rates	n advisory
* Adjusted to reflect all prior ** Change in Company's premium l result from application of ne	evel which will	
	Republic-Franklin Insura	ance Company
•	Name of Compar	ny
		-
Du	W MUNICIPA - Assistant Vice Pro Official - Tit	esident & Managing Actuary
	Official - Tit	le
H29219D	FILED	
	JAN 0 1 2011	

STATE OF CLEROIS
DEPARTMENT OF CLEROIS
SPRINGFIELD, ILLINOIS

INS00106

# **SUMMARY SHEET**

•	(1)	(2) Annual Premium	(3) Percent Change (+ or )**
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers	\$4,208,507	+1.5%
	Compensation 1/1 2009–9/30/2009		
	Line of Insurance		
oes fil No	ling only apply to certain territory (te	erritories) or certain classes? If so, specify:	
10			
	escription of filing. (If filing follows	rates of an advisory organization, specify	organization):
rief de	tion of NCCI Advisory WC Rates et	fective for Rockwood Casualty Insurance	Company 01/01/2011
ief de Idopt			
rief de Adopt			
rief de Adopt			
Adopt			
Adopt  * Ad	justed to reflect all prior rate change	s <b>(5)</b>	
* Ad	ange in Company's premium level w	s. hich will	
* Ad		s. hich will	
* Ad	ange in Company's premium level w	s. hich will	
* Ad	ange in Company's premium level w	s. hich will LAN 0 1 2011	
* Ad	ange in Company's premium level w	s. hich will JAN 0 1 2011 JAN 0 1 2011	wood Casualty
* Ad	ange in Company's premium level w	hich will	wood Casualty
* Ad	ange in Company's premium level w	STATENT OF ILLING Insur	twood Casualty rance Company - FED CID 25-1620138

Andra M. Snyder, Regulatory Compliance Officer Official - Title

FORM (RF-3)



### SUMMARY SHEET

JAN 0 1 2011

•	Change in Company's premi effective January 1, 2011	·	SPRINGFIELD INSURANCE	
	(1)	(2)	(3)	
_	( )	Annual Premium	Percent	
-	Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial	•		
2	Automobile Physical Damag			
	Private Passenger		•	
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery			
9.	Fire			
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other Workers Compensation	\$7,749,068	+1.5	
*	Does filing only apply to cert Classes? If so, specify: NA	ain territory (territories) or	certain	
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify			
	organization):	Adopt Approved NCCI 1-1	-2011 Advisory Rates and Rating Values	
	*Adjusted to reflect all prior r **Change in Company's prer		It from application of new	
	rates.			
		SeaBright Insuran	ce Company	

Name of Company Jeff Wanamaker, Sr, V.P. Underwriting

Official - Title

1 hana

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FORM (RF-3)

**SUMMARY SHEET** 

FEB 0 1 2011

/4\	/0\	(2)
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		- Change (1017)
Passenger	,	
Commercial		
Automobile Physical Dama		
Private Passenger	9	
Commercial		
Liability Other Than Auto		<del></del>
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail	<del></del>	
Other Workers' Compensation	1534216	0.4%
Life of Insurance	1001210	0.470
Doog filing only apply to ac	urtain tarritan (tarritarias) a	r aartain
Does filing only apply to ce Classes? If so,	main terniory (terniories) o	Certain
specify: N/A		
<u></u>		
Brief description of filing. (	If filing follows rates of an	advisory
Brief description of filing. ( Organization, specify	-	
Brief description of filing. (	-	advisory ferenced in IL-2010-05 on 2/1/20
Brief description of filing. ( Organization, specify	-	
Brief description of filing. ( Organization, specify organization):	Adoption of NCCI rate re	
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior	Adoption of NCCI rate re	ferenced in IL-2010-05 on 2/1/20
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior **Change in Company's pre-	Adoption of NCCI rate re	ferenced in IL-2010-05 on 2/1/20
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior	Adoption of NCCI rate re	ferenced in IL-2010-05 on 2/1/20
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior **Change in Company's pro	Adoption of NCCI rate re r rate changes. remium level which will resu Security National	eferenced in IL-2010-05 on 2/1/20  ult from application of ne
Brief description of filing. ( Organization, specify organization):  *Adjusted to reflect all prior **Change in Company's pro	Adoption of NCCI rate re r rate changes. emium level which will resu Security National	ferenced in IL-2010-05 on 2/1/20



JAN 0 1 2011

Form (RF-3)

#### SUMMARY SHEET STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

Change in Company's premium or rate	level produced by rate revision effective	01/01/2011
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Automobile Liability		
Private Passenger		
Commercial		
Private Passenger		
•		
·		
2 2		
	7217	0.4%
Line of Insurance		
ling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
escription of filing. (If filing follows ting Illinois - Voluntary Market - Adv	rates of an advisory organization, specify isory Rates and Rating Values as contained	organization): d in circular IL-2010-10
	Coverage  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation Line of Insurance  ling only apply to certain territory (terescription of filing. (If filing follows ting Illinois - Voluntary Market - Adventure - Ad	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation 7217 Line of Insurance  Annual Premium Volume (Illinois)*  Annual Premium Volume (Illinois)*  Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Workers Compensation 7217 Line of Insurance  ling only apply to certain territory (territories) or certain classes? If so, specify: esscription of filing. (If filing follows rates of an advisory organization, specify ting Illinois - Voluntary Market - Advisory Rates and Rating Values as contained

Sompo Japan Fire & Marine Ins Co
Name of Company

Mary Lynn Teel, State Filings Analyst
Official - Title



JAN 0 1 2011

Form (RF-3)

# SUMMARY SHEETSTATE OF ILLINOIS SPRINGFIELD, ILLINOIS

	Change in Company's premium or rate	level produced by rate revision effective	01/01/2011
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation Line of Insurance	1,747864	0.4%
Does	filing only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Add Effe	opting Illinois - Voluntary Market - Advective 01/01/2011  Adjusted to reflect all prior rate changes	rates of an advisory organization, specify of isory Rates and Rating Values as contained the contained in th	d in circular IL-2010-10

Sompo Japan Ins Co of America
Name of Company

Mary Lynn Teel, State Filings Analyst
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

# **SUMMARY SHEET**

New and Renewal 1-1-2011
(3) Percent <u>Change (+ or -)**</u>
+1.5%
No ganization):

Jarry J. Bohme of Company Larry L. Boehm, Assistant Underwriting Manager Official - Title

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JAN 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS RECEIVED

DEC -6 2010

FORM (RF-3)

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# SHMMARY SHEET

FEB	0	1	2011
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(1)	(2) Annual Premium	(3) Percent
Coverage	<ul><li>Volume (Illinois) *</li></ul>	Change (+or-) **
Automobile Liability Private		·
Passenger		
Commercial		
Automobile Physical Dama	9	
Private Passenger	-	
Commercial		
iability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	5,966,068	+0.40%
Life of Insurance		
Does filing only apply to ce Classes? If so, specify:N/A	rtain territory (territories) or	certain 
Priof description of filing //	f filing follows rates of an ar	dvicon
Organization, specify	f filing follows rates of an ac	avisory
organization):	Adoption of NCCI approved	loss costs reference circular IL-20
effective 02/01/2011. Change in installm	——————————————————————————————————————	1033 CO3t3 TCTCTCTICC CITCUIA: 1E-20
*Adjusted to reflect all prior **Change in Company's pre rates.	rate changes. emium level which will resul	t from application of ne
าดเชอ.	Start	Net Insurance Company
		ne of Company
		am Leader Underwriting Operation
		Official – Title
	C	Official – Title



FORM (RF-3)

JAN 0 1 2011

**SUMMARY SHEET** 

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

**AVP and Actuary** 

Official - Title

	Change (+or-) **
	***************************************
3,737,227	1.5%
ain territory (territories) or	certain
pplies to all standard classes	
filing follows rates of an a	dvisory ates and Schedule Rating Plan
· · · · · · · · · · · · · · · · · · ·	
ate changes. mium level which will resu	It from application of ne
	filing follows rates of an a  Adoption of NCCI's new rate changes.

**David Christhilf** 



FORM (RF-3)

JAN 0 1 2011

**SUMMARY SHEET** 

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$343,000	+ 2.3%
Life of Insurance		
Does filing only apply to cert Classes? If so, specify:	ain territory (territories) or	certain
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify organization):	Adopting NCCI rates effect	tive 1/1/2011
organization).	Adopting NCC1 rates effect	uve 1/1/2011.
*Adjusted to reflect all prior r **Change in Company's prer rates.		It from application of ne
	Synergy Insurance	Company
	,,	
	Nai	me of Company

FORM (RF-3)

# FILED

FEB 0 1 2011

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by FENET OF ILLINOIS effective 02/01/2011 SPRINGFIELD, ILLINOIS

effective 02/01/2011	•	SPRINGFIELD, ILLINOIS
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		***************************************
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety	***************************************	
Boiler and Machinery	<u> </u>	
Fire		
Extended Coverage		
Inland Marine		
Homeowners		<del></del>
Commercial Multi-Peril		
Crop Hail	***************************************	
Other Workers' Compensation	33165804	1.5%
Life of Insurance		
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so,	in tornery (torneriou) of	. Jonani
specify: N/A		
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify	inig follows rates of arr	44 VIOO1 y
organization):	Adoption of NCCI rate re	ferenced in IL-2010-05 on 2/1/2011
,		
*Adjusted to reflect all prior ra	ite changes.	
**Change in Company's prem	•	ult from application of new
rates.		• •
	Technology Insura	ance Company
		ame of Company
		es Shoenfelt, ACAS

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level p	roduced by rate revision effective	01/01/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
<ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> </ol>		
Close		
5. Fidelity		
7. Surety	· · · · · · · · · · · · · · · · · · ·	
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
13. Commercial Multi-Peril		
14. Crop Hail	40.445.000	40/
15. Other Workers Comp.  Line of Insurance	\$3,145,690	4%
Does filing only apply to certain territory (territ	ories) or certain classes? If so, specify	/: No, it applies to all Loss Costs
Brief description of filing. (If filing follows rat Loss Costs contained in circular IL-2010-10	es of an advisory organization, spec	ify organization): Adopting New NCCI
*Adjusted to reflect all prior rate changes.		
**Change in Company's premium level which	will result from application of new rate	S.
	Tokio Marine & Nic	chido Fire Insurance Company., Ltd
	IONO MAINE & MA	Name of Company
	Pamel	a Olson - Vice President
	- I dilitote	Official – Title



# ILLINOIS DEPARTMENT OF INSURANCE

### **SUMMARY SHEET**

Change in Company's premium or rate level	produced by rate revision effective	01/01/2011
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
Liability Other Than Auto		
4 Dunalant and Thoff		
~ ~		
6. Fidelity	· · · · · · · · · · · · · · · · · · ·	
7 Comph.		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Comp.	\$1,148,389	-0.4%
Line of Insurance		
Does filing only apply to certain territory (terr	itories) or certain classes? If so, specif	y: No, it applies to all Loss Costs
Brief description of filing. (If filing follows ra Loss Costs as contained in circular IL-2010-	ates of an advisory organization, spec 10	eify organization): Adopting New NCC
*Adjusted to reflect all prior rate changes.	will result from application of now rote	
**Change in Company's premium level which	will result from application of new rate	53.
	Trans Pa	acific Insurance Company
		Name of Company
		, ,
	Pamel	a Olson - Vice President
		Official - Title

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JAN 0 1 2011

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FORM (RF-3)

DEC 1 3 2010

# **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Dama	g	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		Es es AN
Fidelity		SPIAN
Surety		WALL OR S
Boiler and Machinery		16,084
Fire		1/1/8/0/
Extended Coverage		10.24
Inland Marine		18 NO
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	753,760	2%
Life of Insurance		
Does filing only apply to ce	urtain territony (territories) or	certain
Classes? If so,	stant territory (territories) or	Certain
specify: No		
Specify.		
Brief description of filing. (	If filing follows rates of an a	advisory
Organization, specify	· ·	•
organization):	NCCI 1/1/2011 Loss Cost f	iling; NCCl State Filing Circular IL-20
*Adjusted to reflect all prior		
**Change in Company's pr	emium level which will resu	iit from application of nev
rates.	Trionalo Incurance	Company
	Triangle Insurance	me of Company
		or Products and Compliance
	DIEL WISON, DIECU	or recours and Compilation

	sion effective	January 1, 2011 (2)	(3)
	(1)	Annual Premium	Percent
Cov	erage	Volume (Illinois) *	Change (+ or -) *
Auto	emobile Liability		
	vate Passenger		
Co	mmercial		
Auto	mobile Physical Damage		
	vate Passenger		
	mmercial		
Liab	ility Other Than Auto		
	plary and Theft		
Glas			
Fide	lity -		
Sure	dity F 1 L		
Boile	or and Machinery		
Fire	1AN 0 1 20	)11	
Exte	ended Coverage JAN 0 1 20	1/2-1/1-1	
Hom	nd Marine neowners STATE OF ILLIN	SURANCE	
Com	Imercial MERABITMENT OF IN	LINOIS	
Crop	neowners STATE OF ILLIN nmercial MERABTMENT OF IN Department of the Springfield, ILI		
Othe	er Workers Compensation	\$6,286,360	1.0%
	Line of Insurance		
		<i>(</i> , , , , , , , , , , , , , , , , , , ,	
	ng only apply to certain territor	y (territories) or certain	
classes?	If so, specify: No		
Brief des	scription of filing. (If filing follow	ws rates of an advisory	
	tion, specify organization):	We are adoping the NCCI approval 1/1/20	11 voluntary loss costs, for
Organiza		and renewal policies.	TT TOTAL NO.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

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1 V 0 1 2011

FILLINOIS
FINSURANCE
FOR THE PROPERTY OF THE P

Truck Insurance Exchange
Name of Company

game of Galbart

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

### **ILLINOIS SUMMARY SHEET**

### FORM RF-3

(1)	(2)	(3)
Coverage	Annual Premium	Percent
•	Volume (Illinois)*	Change (+ or –)**
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 722,557	3.9%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or Filing applies to all standard classes		
Does filing only apply to certain territory (territories) or Filing applies to all standard classes Brief description of filing (if filing follows rates of an adv	risory organization, specify organizat	ion)
Does filing only apply to certain territory (territories) or	visory organization, specify organizat	ion)
Does filing only apply to certain territory (territories) or Filing applies to all standard classes  Brief description of filing (if filing follows rates of an advandation of NCCI's new rates by using our approved deviation	risory organization, specify organizat n of -10%. ult from application of new rates.	ion)
Does filing only apply to certain territory (territories) or Filing applies to all standard classes  Brief description of filing (if filing follows rates of an advandation of NCCI's new rates by using our approved deviation  * Adjusted to reflect all prior rate changes.	risory organization, specify organizat n of -10%. ult from application of new rates.	ion)
Does filing only apply to certain territory (territories) or Filing applies to all standard classes  Brief description of filing (if filing follows rates of an advandation of NCCI's new rates by using our approved deviation	risory organization, specify organizat n of -10%. ult from application of new rates.	ion)
Does filing only apply to certain territory (territories) or Filing applies to all standard classes  Brief description of filing (if filing follows rates of an advandation of NCCI's new rates by using our approved deviation	visory organization, specify organizat n of -10%. ult from application of new rates.	ion)

DEF COMMENT OF ILLINOIS
CHRISCOPIELS, SELENOIS

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Coverage  Volume (Illinois)*  Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety	Change (+ or -)**
Passenger Commercial  Automobile Physical Damage Private Passenger Commercial  Liability Other Than Auto Burglary and Theft Glass Fidelity	
. Automobile Physical Damage Private Passenger Commercial . Liability Other Than Auto . Burglary and Theft . Glass . Fidelity	
Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity	
Burglary and Theft Glass Fidelity	
Burglary and Theft Glass Fidelity	
Glass Fidelity	
Surety	
Boiler and Machinery	
Fire	
Extended Coverage	
. Inland Marine	
2. Homeowners	
B. Commercial Multi-Peril	
l. Crop Hail	
Other Workers Compensation approx. \$500,000	0.4%
Line of Insurance	
oes filing only apply to certain territory (territories) or certain classes? If so, spe	ecify: no

United National Specialty Insurance Company

Name of Company

See Side at

Official – Title

FILED

JAN 0 1 2011

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

#### SUMMARY SHEET

Change in Company's premi revision effective	um or rate level produced	by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois) *</pre>	<u>Change (+ or -)**</u>
<ol> <li>Automobile Liability Private Passenger</li> </ol>		
Commercial		
<ol> <li>Automobile Physical Damage Private Passenger</li> </ol>		
Commercial		
<ol><li>Liability Other Than Auto</li></ol>		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
<ol><li>Boiler and Machinery</li></ol>		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WC	3,150,821	0.7%
If so, specify:		
Brief description of filing. (Is organization, specify organization)	f filing follows rates of a on): Adopting NCCI 1/1/2011 rates	an advisory
* Adjusted to reflect all prior  ** Change in Company's premium le result from application of new	evel which will	
	Utica Mutual Insuranc	ce Company
FILED	Utica Mutual Insuranc Name of Compa	
JAN 0 1 2011	Name of Compa	
JAN 0 1 2011	Name of Compa	ny resident & Managing Actuary

### SUMMARY SHEET

Change in Company's premiur revision effective /_	n or rate level produced b	by rate
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	VOIUME (IIIIIOIS)"	charge (+ or /
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$2,199,400	+0.4%
Line of Insurance	4-,5-2,7-1	
Does filing only apply to certain If so, specify: No  Adoption of NCCI Workers Compensation Loss C  Brief description of filing. (If organization, specify organization)	ost Reference Filing Number IL-2010 filing follows rates of a	0-10, effective 01/01/2011.  an advisory company hereby submits r adoption of the new January 1, 2011. We y change to our loss
* Adjusted to reflect all prior r ** Change in Company's premium lev	rel which will	
result from application of new	rates.	JAN <b>0 1</b> 2011
		JAN VI ZUII
M	Vanliner Insurance Name of Compa	STATE OF ILLINOIS DEPARTMENT OF INSURANCE TY SPRINGFIELD, ILLINOIS
	Kristy Lantz — Complian Official - Tit	ice Specialist
H29219D	01110101	<del></del>

FORM (RF-3)

# FILED

# **SUMMARY SHEET**

Change in Company's premeffective 02/01/2011  (1)	(2)	SPRINGFIELD, ILLIN (3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private	Voiding (initials)	
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers' Compensation	6287670	1.5%
Life of Insurance	0201010	1.070
Does filing only apply to cer	tain territory (territories) or	certain
Classes? If so,		
specify: N/A		
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify		
organization):	Adoption of NCCI rate ref	erenced in IL-2010-05 on 2/1/2011
*Adjusted to reflect all prior	rote changes	
*Adjusted to reflect all prior		It from application of now
**Change in Company's pre	milum level which will resu	it nom application of new
rates.	Wesco Insurance	Company
		me of Company
		es Shoenfelt, ACAS
	Gubililited by, Jailit	oo onoemen, AoAo

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate leve	el produced by rate revision effective	/~/-//
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change ( <u>+ or -)**</u>
	<u> </u>	voiamo (minoio)	
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	675,879	0.4%
	Line of Insurance		
Brie	ef description of filing. (If filing follows rate	rritories) or certain classes? If so, specify:	No.
Adop	pt loss costs eff 1/1/2011		
	ijusted to reflect all prior rate changes. hange in Company's premium level which	ch will result from application of new rates.  XL Insurance America, Inc.	
			ame of Company
		INC	and or company
		Mark Stockbridge, Vice Presid	lent

FILED

Official - Title

JAN 0 1 2011

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)		(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	le Liability Private		
	enger Commercial		
	le Physical Damage		
	e Passenger Commercial		
	ther Than Auto		
4. Burglary a 5. Glass	and them		
6. Glass 6. Fidelity			
7. Surety			
•	Machinery		
9. Fire			
10. Extended	Coverage		
11. Inland Ma			
12. Homeowr			
13. Commerc		<u> </u>	
<ol> <li>Crop Hail</li> </ol>			
•	kers Compensation	5,211,750	0.4%
. O. O	Line of Insurance	0,2.11,1.00	
oes filing only	y apply to certain territory (territ	ories) or certain classes? If so, specify:	No.
_			
•	• • •	of an advisory organization, specify org	ganization):
dopt loss costs e	off 1/1/2011		
(	Alast all anion note about an		
	eflect all prior rate changes.	will result from application of new rates.	
Change in C	ompany's premium lever which	will result from application of new rates.	
		XL Specialty Insurance Comp	pany
			ame of Company
		Made Ota eliberida Nova Deserv	dant
		Mark Stockbridge, Vice Presid	
			Official – Title



JAN 0 1 2011

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
	Coverage	volume (minois)	Ghange ( · Gr )
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage	·	
	Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	45,529,868	-1.09
	Line of Insurance		
Doe	es filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	N/A
	ef description of filing. (If filing follows rates		anization):
Adop	otion of NCCI advisory loss costs and rating values ef	fective January 1, 2011	

Name of Company

Name of Company

Nancy Hoppe, SVP and Chief Pricing Actuary



<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	<u> </u>	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	2,117,509	-0.8%
	Line of Insurance		
Doe	es filing only apply to certain territory (te	erritories) or certain classes? If so, specify	
	of description of filing. (If filing follows ration of NCCI advisory loss costs and rating values	ates of an advisory organization, specify or les effective January 1, 2011	rganization):
Ador	otion of NCCI advisory loss costs and rating value		
Ador	otion of NCCI advisory loss costs and rating value	es effective January 1, 2011	S.
Ador	otion of NCCI advisory loss costs and rating value	ich will result from application of new rates	S.
Ador	justed to reflect all prior rate changes. hange in Company's premium level wh	ich will result from application of new rates	S. e Company of Illinois Name of Company

JAN 0 1 2011